

## **PARTICIPANT INFORMATION SHEET AND CONSENT FORM**

### **STUDY INFORMATION**

#### **Protocol Title:**

Pilot Study to Investigate the Efficacy and Safety of High Intensity Focused Ultrasound in Patients with Varicose Veins in Singapore (VESPA)

#### **Principal Investigator:**

Adj Asst Professor TANG Tjun Yip  
Consultant Vascular and Endovascular Surgeon  
Singapore General Hospital  
Level 5; Department of Vascular Surgery  
Academia  
20 College Road  
Singapore 169856  
Tel: (65) 6576 7437

### **PURPOSE OF THE RESEARCH STUDY**

You are being invited to participate in a research study. Before you take part in this research study, the study must be explained to you and you must be given the chance to ask questions. Please read carefully the information provided here. If you agree to participate, please sign the consent form. You will be given a copy of this document to take home with you.

The purpose of this study is to assess change in patient's symptoms before and after High Intensity Focused Ultrasound (HIFU) via SONOVEIN® as treatment for your varicose veins (i.e. "leaky" veins that cause blood to flow backwards in your legs). At the same time, we would like to know patient's satisfaction with this procedure. We hope to learn the effectiveness of HIFU and its treatment outcomes over a period of 1 year.

Treating varicose veins with HIFU is to use ultrasound waves to generate heat in the abnormal veins, thus causing it to shrink and collapse.

You were selected as a possible participant in this study because you have chosen HIFU (SONOVEIN®) as your choice of treatment for varicose veins.

This study will recruit 15 participants from Singapore General Hospital (SGH).

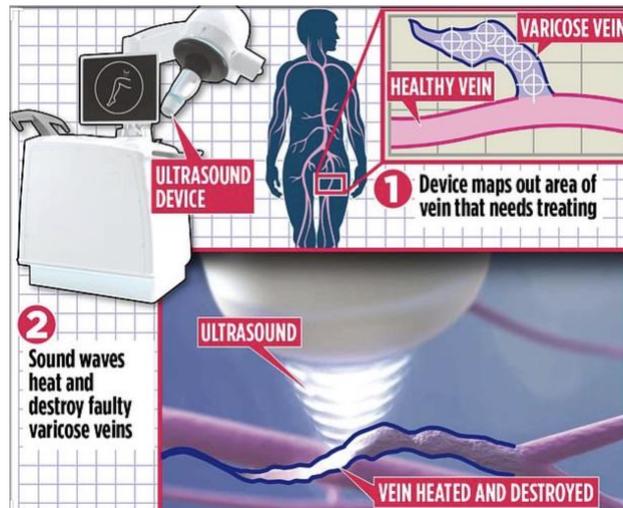


Figure 1: Treating varicose veins with HIFU (SONOVEIN®)

## STUDY PROCEDURES AND VISIT SCHEDULE

If you agree to take part in this study, you will be asked to complete quality of life questionnaires and pain diary post-procedure. Your participation in the study will last for one year. You will be followed up at the doctor's office for 4 times in the course of the study.

### Schedule of visits and procedures:

Visit	Timeline	Investigations
0	Surgery Day (Baseline)	Medical history review Quality of Life Questionnaires Pain Diary
1	2 weeks post-op (Routine clinical visit)	Physical Examination Quality of Life Questionnaires Return pain diary Duplex Ultrasound
2	3 months post-op (Routine clinical visit)	Physical Examination Quality of Life Questionnaires Duplex Ultrasound
3	6 months post-op (Study visit)	Physical Examination Quality of Life Questionnaires Duplex Ultrasound
4	12 months post-op (Study visit)	Physical Examination Quality of Life Questionnaires Duplex Ultrasound

Table 1: Follow-up Schedule

Duplex ultrasound is a non-invasive imaging technique to assess the vessels at your legs. Each follow-up visit will take approximately 15 to 20 minutes.

Any individually-identifiable data obtained during the course of this study will be stored and used only for the purposes of this study. These data will not be used for future research.

## **YOUR RESPONSIBILITIES IN THIS STUDY**

If you agree to participate in this study, you should

- Keep your study appointments. If it is necessary to miss an appointment, please contact the study staff to reschedule as soon as you know you will miss the appointment.
- Inform the Principal Investigator as soon as possible about any side effects that you may have encountered.
- Be prepared to visit the hospital 4 times and undergo all the procedures that are outlined above.

## **WHAT IS NOT STANDARD CARE OR EXPERIMENTAL IN THIS STUDY**

The study is being conducted to assess changes in patient symptoms before and after treatment and patient satisfaction with the procedure for patients receiving the SONOVEIN® as the treatment for varicose veins at SGH. The completion of the questionnaires are not part of standard care.

Although duplex ultrasound may be part of standard medical care, in this study this / these procedure(s) are being performed for the purposes of the research.

## **POSSIBLE RISKS, DISCOMFORTS AND INCONVENIENCES**

The possible inconveniences of this study is that of the time taken to complete the questionnaires and diary post-surgery, 2 week, 3 months, 6 months and 12 months post-surgery. The questionnaires will take approximately 15-20 minutes to be completed. There is minimal risk for breach of confidentiality.

## **POTENTIAL BENEFITS**

There is no additional benefit to you from participation in this Research Study. However, your participation in this research study may add to the medical knowledge about the use of the SONOVEIN® and its management in varicose vein.

## **ALTERNATIVES**

If you choose not to take part in the Research Study, you will still undergo the treatment of your varicose vein using the SONOVEIN® as per discussed with your doctor. However, the questionnaires will not be conducted, and follow-up schedule will be decided by your doctor.

## **COSTS OF PARTICIPATION**

If you take part in this study, the following will be performed at no charge to you:

- Consultation and Duplex Ultrasound at 6 months and 12 months post-op.

These costs will be borne by SGH.

If you take part in this study, you will have to pay for the following:

- Consultation and duplex ultrasound at 2 weeks and 3 months (Routine clinical visit)

There will be no reimbursement at the end of study. However, as goodwill, study patients will not be charged for the consumables arising from SONOVEIN®.

## **INCIDENTAL FINDINGS**

No "incidental findings" (i.e. any abnormality that we did not expect to see in this study or unrelated to the purpose of this study) are anticipated. Hence, no re-identification is anticipated.

## **PARTICIPANT'S RIGHTS**

Your participation in this study is entirely voluntary. Your questions will be answered clearly and to your satisfaction.

In the event of any new information becoming available that may be relevant to your willingness to continue in this study, you (or your legal representative, if relevant) will be informed in a timely manner by the Principal Investigator or his/her representative and will be contacted for further consent if required.

By signing and participating in the study, you do not waive any of your legal rights to revoke your consent and withdraw from the study at any time.

## **WITHDRAWAL FROM STUDY**

You are free to withdraw your consent and discontinue your participation at any time without prejudice to you or effect on your medical care. If you decide to stop taking part in this study, you should tell the Principal Investigator.

If you withdraw from the study, continued clinical care as per clinical indication will be provided.

However, the data that have been collected until the time of your withdrawal will be kept and analysed. The reason is to enable a complete and comprehensive evaluation of the study.

Your doctor, the Principal Investigator and/or the Sponsor of this study may stop your participation in the study at any time for one or more of the following reasons:

- Failure to follow the instructions of the Principal Investigator and/or study staff.
- The Principal Investigator decides that continuing your participation could be harmful.
- The study is cancelled.

## **RESEARCH RELATED INJURY AND COMPENSATION**

If you follow the directions of the Principal Investigator of this research study and you are injured due to the trial substance or research procedure given under the plan for the research study, our institution will provide you with the appropriate medical treatment.

Payment for management of the normally expected consequences of your treatment will not be provided by the Singapore General Hospital

You still have all your legal rights. Nothing said here about treatment or compensation in any way alters your right to recover damages where you can prove negligence.

## **CONFIDENTIALITY OF STUDY AND MEDICAL RECORDS**

Your participation in this study will involve the collection of Personal Data. Personal Data collected for this study will be kept confidential. Your records, to the extent of the applicable laws and regulations, will not be made publicly available. Only your Investigator(s) will have access to the confidential information being collected.

However, the Regulatory Agencies, Institutional Review Board and Ministry of Health will be granted direct access to your original medical records to check study procedures and data, without making any of your information public.

By signing the Consent Form, you consent to (i) the collection, access to, use and storage of your Personal Data by SGH, and (ii) the disclosure of such Personal Data to our authorised service providers and relevant third parties.

“Personal Data” means data about you which makes you identifiable (i) from such data or (ii) from that data and other information which an organisation has or likely to have access. Examples of personal data include medical conditions, medications, investigations and treatment history.

Research arising in the future, based on this “Personal Data”, will be subject to review by the relevant institutional review board.

Data collected and entered into the Data Collection Form(s) are the property of SGH. In the event of any publication regarding this study, your identity will remain confidential.

By participating in this research study, you are confirming that you have read, understood and consent to the SingHealth Data Protection Policy, the full version of which is available at [www.singhealth.com.sg/pdpa](http://www.singhealth.com.sg/pdpa).

### **WHO TO CONTACT IF YOU HAVE QUESTIONS REGARDING THE STUDY**

If you have questions about this research study or in the case of any injuries during the course of this study, you may contact the Principal Investigator:-

Adj Asst Professor TANG Tjun Yip  
Consultant Vascular and Endovascular Surgeon  
Singapore General Hospital  
Level 5; Department of Vascular Surgery  
Academia  
20 College Road  
Singapore 169856  
Tel: (65) 6576 7437

Alternatively, you may contact the Research Coordinator, Ms Charyl Yap, at 65767986.

### **WHO HAS REVIEWED THE STUDY**

This study has been reviewed by the SingHealth Centralised Institutional Review Board for ethics approval.

If you have questions about your rights as a participant, you can call the SingHealth Centralised Institutional Review Board at 6323 7515 during office hours (8:30 am to 5:30pm).

If you have any feedback about this research study, you may contact the Principal Investigator or the SingHealth Centralised Institutional Review Board.

## CONSENT FORM

### Details of Research Study

**Protocol Title:**

Pilot Study to Investigate the Efficacy and Safety of High Intensity Focused Ultrasound in Patients with Varicose Veins in Singapore (VESPA)

**Principal Investigator:**

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20 College Road  
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I agree to participate in the research study as described and on the terms set out in the Participant Information Sheet.

I have fully discussed and understood the purpose and procedures of this study. I have been given the Participant Information Sheet and the opportunity to ask questions about this study and have received satisfactory answers and information.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reasons and without my medical care being affected.

By participating in this research study, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy.

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Signature/Thumbprint (Right / Left)

\_\_\_\_\_  
Date of signing

### To be completed by parent / legal guardian / legal representative, where applicable

I hereby give consent for the above participant to participate in the proposed research study. The nature, risks and benefits of the study have been explained clearly to me and I fully understand them.

I confirm that I have read, understood and consent to the SingHealth Data Protection Policy.

\_\_\_\_\_  
Name of participant's  
parent/ legal guardian/  
legal representative

\_\_\_\_\_  
Signature/ Thumbprint (Right / Left)

\_\_\_\_\_  
Date of signing

**To be completed by translator, if required**

The study has been explained to the participant/ legal representative in

\_\_\_\_\_ by \_\_\_\_\_  
Language Name of translator

**To be completed by witness, where applicable**

I, the undersigned, certify that:

- I am 21 years of age or older.
- To the best of my knowledge, the participant or the participant’s legal representative signing this informed consent form had the study fully explained in a language understood by him/ her and clearly understands the nature, risks and benefits of his/ her participation in the study.
- I have taken reasonable steps to ascertain the identity of the participant or the participant’s legal representative giving the consent.
- I have taken steps to ascertain that the consent has been given voluntarily without any coercion or intimidation.

Witnessed by: \_\_\_\_\_ Date of signing \_\_\_\_\_  
 Name of witness  
 \_\_\_\_\_  
 Signature of witness

1. An impartial witness (who is 21 years of age or older, has mental capacity, who is independent of the research study, and cannot be unfairly influenced by people involved with the research study) should be present during the entire informed consent discussion if a participant or the participant’s legal representative is unable to read, and/or sign and date on the consent form (i.e. using the participant or legal representative thumbprint). After the written consent form and any written information to be provided to participant, is read and explained to the participant or the participant’s legal representative, and after the participant or the participant’s legal representative has orally consented to the participant’s participation in the study and, if capable of doing so, has signed and personally dated the consent form, the witness should sign and personally date the consent form. This is applicable for Clinical Trials regulated by HSA and Human Biomedical Research under HBRA.

2. For HBRA studies, the witness may be a member of the team carrying out the research only if a participant or the participant’s legal representative is able to read, sign and date on the consent form.

**Investigator’s Statement**

I, the undersigned, certify to the best of my knowledge that the participant/ participant’s legal representative signing this consent form had the study fully explained and clearly understands the nature, risks and benefits of his/ her/ his ward’s/ her ward’s participation in the study.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Investigator/  
 Person obtaining consent